

PARENT(S) AND/OR GUA	ARDIAN IN	FORMATION							
1. Name:						DOB:		SSN:	
(Parent, Guardian or Pa	ayee) Last		First	MI					
Race (optional) [ ] Am	nerican India	n or Alaskan Nat	ive []As	sian [ ] Black	or African An	nerican [ ] V	Vhite [ ] N	lative Hawaiiai	n or Other Pacific Islander
Address: Street	Apartr	ment		City	Sta	ate		Zip Code	Ward
Telephone No:									
. LANGUAGE PREFERENCI		ome with Area Co le Primary Langu		peak?		Wo	rk/School	with Area Code	2
[] English [] Manda	rin Chines	e [ ] Cantones	e Chinese	e [ ] Vietna	mese [] An	nharic [ ] F	French [	] Spanish [ ]	Other
. MARITAL STATUS:									
4. Name of Spouse/Othe	r Parent/Leg	gal Guardian:							
					DC	DB:	SS	N:	
Last	First			MI					
Race (optional) [ ] Ame	rican Indian	or Alaskan Nativ	e [] Asia	n [] Black c	or African Ame	erican [ ] Wh	nite [ ] Na	tive Hawaiian	or Other Pacific Islander
Address:Street	Apartr			City	Sta			 Zip Code	 
	Араги	nent		City	316	ate	•	zip code	waru
Telephone No: Home with Area Code Work,							rk/School	with Area Code	2
each code that applies, u	or each chil using at lea or Code: 1= or Refuge Hispanic or Indian/ Ala	d in the family st one code for United States ee, 8= Battered Latino, 2= Noaskan Native, 2	r. Use the control of	e code beld ild. Enter "' hip, 2= Per child, or pa ic/ Latino 3= Black/ A	Yes" or No' in manent Res rent of child frican Americ	n the Disab ident, 3= 0 (ren) can, 4= Wh	led colum Granted of ite, 5= N	nn to indicate conditional er ative Hawaiia	
Name Last First	DOB	SSN	Sex	Disabled	Citizen- ship/ Immi- gration Status (Optional)	Ethnicity	Race	Language	Child 's Father or Mother (If this person different from # 4) Name / DOB/ SSN